

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-019

State/Territory: ALABAMACitation

42 CFR 431.800(c)  
50 FR 21839  
1903(u)(1)(D) of  
the Act.  
P.L. 99-509  
(Section 9407)

4.4 Medicaid Quality Control

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- (b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h) and (i). (j), (k), (l), (m), (n), and (o).

/ Yes.

N Not applicable. The State has an approved Medicaid Management Information System (MMIS).

TN No. HCFA-87-14

Superseeds

TN No. AL-87-14 85-21

Approval Date

FEB 02 1988

Effective Date

1-30-88

HCFA ID: 1010P/00121